ADELAIDE ANAESTHETIC SERVICES

PRE-ANAESTHETIC ASSESSMENT

Your Name:	Operation:
Telephone:	Date of Operation:
Address:	Surgeon:
	Hospital:
Date of Birth:	Health Fund Name:

Approx weight		Approx height		
Have you had an anaesthetic before?		Yes	No	
Have you had problems with anaesthetics?		Yes	No	If yes, please specify-
Have any blood relatives had problems with anaesthetics?		Yes	No	Please specify-
Have you ever had a reaction to:	Drugs?	Yes	No	Please specify-
	Latex?	Yes	No	
	Other?	Yes	No	
Are there analgesics/pain killers that you don't like to take?		Yes	No	Please specify-
Have you ever had high blood pressure?		Yes	No	
Do you have angina?		Yes	No	If you use sublingual spray, please bring it with you.
Have you ever had a heart attack?		Yes	No	Year?
Have you ever had heart surgery?		Yes	No	Year?
Do you have other heart problems?	Irregular heart beat?	Yes	No	
	Pacemaker/Internal Defibrillator?	Yes	No	
	Prosthetic heart valve?	Yes	No	
	Heart Failure?	Yes	No	
Have you ever had a stroke?		Yes	No	Year?
Do you, or have you smoked?		Yes	No	Daily amount or year ceased?
Do you have:	Asthma?	Yes	No	
	Emphysema?	Yes	No	
	Sleep apnoea?	Yes	No	Please bring your CPAP machine with you if staying overnight.
Do you have diabetes?		Yes	No	Controlled by diet/tablets/insulin?
Please omit your morning diabetes medication if you are fasting at breakfast. If your diabetes is hard to control, or your surgery is in the afternoon, please follow your surgeons advice, talk to your GP or call me at my rooms.				
Do you suffer from reflux or heartburn?		Yes	No	Please continue to take your medication for this.
Do you have neck or jaw problems?		Yes	No	If you have had surgery for these problems, please specify-
Do you have dentures/caps/crowns?		Yes	No	
Do you drink alcohol?		Yes	No	If yes, daily amount?
Do you have other medical condition?	Epilepsy?	Yes	No	
	Kidney?	Yes	No	
	Liver?	Yes	No	
	Psychiatric?	Yes	No	
	Bleeding problems?	Yes	No	
Do you take any blood thinning medication?		Yes	No	Please specify-
Please list other medication (including non-prescription):				

Adelaide Anaesthetic Services
PO Box 270, Kent Town SA 5071 176 Fullarton Road, Dulwich SA 5065 Ph: (08) 8139 0600 Fax: (08) 8364 6533 Email: admin@asleep.com.au